

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

TROY GOODMAN

#22777

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

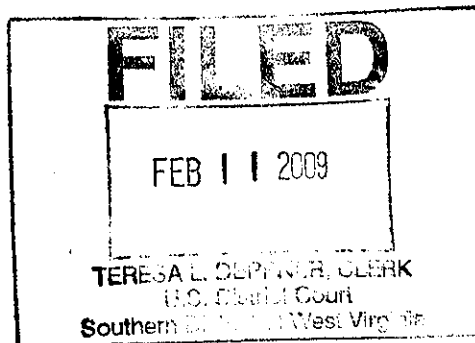
VERSUS

CIVIL ACTION NO. 2:09-0122
(Number to be assigned by Court)

WEXFORD HEALTH SOURCES INC. UNDER

M.O.C.C. CONTROL, OR THE STATE OF W.VA.

(Enter above the full name of the defendant
or defendants in this action)



COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No x _____

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: NONE

Defendants: NONE

2. Court (if federal court, name the district; if state court, name the county);

NONE

-
3. Docket Number: NONE

4. Name of judge to whom case was assigned:

NONE

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

NONE

-
6. Approximate date of filing lawsuit: NONE

7. Approximate date of disposition: NONE

II. Place of Present Confinement: M.O.C.C.#1 MNT.SIDE WAY, MT.OLIVE--
W.VA.- 25185

A. Is there a prisoner grievance procedure in this institution?

Yes X No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X No

C. If you answer is YES:

1. What steps did you take? G-1, G-2, G-3

2. What was the result? grievance was denied

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: TROY GOODMAN # 22777

Address: M.O.C.C. #1 MNT.SIDE WAY, MT. OLIVE, W.VA. ---
25185

B. Additional Plaintiff(s) and Address(es): NONE

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: WEXFORD HEALTH SOURCES INC.

is employed as: HEALTH CARE SERVICES

at M.O.C.C. #1 MNT. SIDE WAY, Mt.Olive, w.va. 25185

D. Additional defendants: UNDER M.O.C.C. CONTROL, OR THE STATE

OF W.VA."S CONTROL

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

PLAINTIFF GOES TO MEDICAL ON 12-9-08, AND WAS VACCINED
FOR PNEUMOCOCCAL. THE NURSE AT THIS TIME, TOLD THE PLAINTIFF, (if)
HE HAD ANY SERIOUS REACTION"S FROM THE SHOT, ASK TO SEE A DOCTOR.
OR NURSE RIGHT AWAY. PLAINTIFF ASK TO SEE THE DOCTOR, OR NURSE,
FOR REACTIONS FROM THE SHOT, AND WAS DENIED, THREATEN WITH A ---
WRITE UP, FOR ASKING. THIS MAKES TWICE THE PLAINTIFF HAS BEEN ---
TREATED THIS WAY. PAPERS ATTACHED WILL EXPLAN MORE.

IV. Statement of Claim (continued):

SEE ATTACHED PAGES MARKED A,B. SEE ALSO WHERE THE
WARDEN RUN A BIG X THROUGH ONE OF THE PAGE, CLAIM"S IT"S NOT
M.O.C.C. POLICY, TO RESPONSETO THE UNIT MANAGER"S RESPONSE.
PLAINTIFF HAS ALWAYS RESPONSE TO THE G-1'S RESPONSE FOR YEARS,
OR SINCE HE"S BEEN AT M.O.C.C.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I ASK THE COURT TO HAVE WEXFORD HEALTH SOURCES INC. TO
PAY FOR THE PAIN, AND SUFFERING THEY CAUSE ME TO HAVE TO GOES
THROUGH IN NIGHT IN QUESTION. I ASK THE COURT TO HAVE WEXFORD
HEALTH SOURCES INC. TO PAY COURT COST, AND COST FOR COUNSEL, AND
ANY OTHER COST THE COURT FINDS THAT NEEDS PAID. Plus 25 dollars, &
20 cents, it cost Petitioner for copies:

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

NONE

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No X

If so, state the name(s) and address(es) of each lawyer contacted:

NONE

If not, state your reasons: I'VE TRIED TO HAVE THINGS TOOK

CARE OF WITHOUT INVOLVING THE COURTS, BUT NOTHING
DOING.

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No X

If so, state the lawyer's name and address:

NONE

Signed this 9 day of February, 2009.

Troy Goodman

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2-9-09
(Date)

Troy Goodman

Signature of Movant/Plaintiff

NONE

Signature of Attorney
(if any)

MARKED (A)

Petitioner asserts, in the warden's response, He circles - the inmate may attach one (1) 8.5x 11 sheet if necessary at this level only. Petitioner could have placed the information on the - back of the one page, but He thought, it would be better if, He'd use another page. Also in the Warden's response's He claims ----- response's to the initial (Unit) team's response is, or are not - permitted, in violation of M.O.C.C. policy. Petitioner has always responded to the unit team's response, even the Warden's response on every G-1, G-2, G-3 He's ever filed.

Petitioner agrees, with the unit team's response, but say+ ing one thing, and doing another is the problem. What the unit -- mannager claim's is the way it should be, but when I have an --- emergency medical need, I was turned down, even threaten with a - write up. In Estelle V. Gamble, 429 U.S. 97, S.Ct. 285, 50 L.Ed. 2d 251 (1976). The Supreme Court noted; that denial of medical -- care causes pain, and suffering inconsistent with contemporary -- standards of (decency), and then concluded that deliberate indif- ference to serious medical needs of prisioners constitutes a Vio- lation of the Eighth Amendment.

Petitioner asserts, his Eighth Amendment was violated when He was denied medical need, and in Schever V. Rhodes, 416 vs 232, 40 led 2d 90, 94 S.Ct. 1683, However since ex parte young, 209 vs 123, 52 led 714, 28 S.Ct. 441 (1908). It states, It has been set- tled that the eleventh amendment provides no shield for a State - Official confronted by a claim that he had deprived another of a federal right under color of state law. Ex parte young teaches -- that when a State officer acts under a state law in a manner vio- lative of the federal constitution He comes into conflict with -- the superior authority of that constitution, and He is in that --

MARKED (B)

case stripped of his official, or representative character, and -
 is subject in his person to the consequence of his individual ---
 conduct. The State has no power to impart to him any immunity ---
 from responsibility to the suprem authority of the United States"
 Id, at 159-160, 52, led, 714, The first clause of the third sub--
 division of 47 does declare that, If two, or more persons conspi--
 res to deprive any person, or class of persons of the equal prot--
 ection of the law, or of equal privileges under the law, the inj--
 ured party may recover damages.

Under title 42 vsc-1983 (42vsc-1983) provides every person
 who under color of any statute, ordinance regulation custom, or -
 usage of any State, or territory, subjects, or cause to be subje-
 cted any citizen of the United States or other person within the
 jurisdiction thereof to the deprivation of any rights, privileg-
 es, or immunities secured by the constitution... shall be liable
 to the party injured in an action at law suit in equity, or other
 proper proceedings for redress as the language it self makes ---=
 clear the central purpose of 1983 is to give remedy to parties --
 deprived of constitutional rights, privileges, and immunities by
 an officials abuse of his position.

Petitioner would like to thank the Court for its assistan-
 ce in this matter. As stated before, if this was the first time -
 its happened, I'd look the other way.

Respectfully Submitted

Troy Goodman

125

JAN 26 2009

RECEIVED

JAN 15 2009

West Virginia Division of Corrections
Inmate Grievance FormRECEIVED
Policy Directive 335.00
01 September 2007
Attachment #1

DEC 29 2008

008

WV DIV. OF CORRECTIONS

Grievance No. 08 WARDEN'S OFFICE

Inmate Name

DOC #

Date of Grievance

Grievance is initiated by tendering this document to Unit Manager: Ms. Payne

State Nature of Grievance/Issue to be Addressed -- [Note: One (1) issue per grievance; be concise]:

Denied medical assistance, & threaten with a write up, for asking: See attached page:Inmate's Signature: Troy Goodman, received Tuesday 23 Dec, 2008

[The inmate may attach one (1) 8.5 x 11 sheet if necessary at this level only.]

Unit Manager's Response (attach additional sheet if needed):

If you have a medical emergency and request assistance, assistance will be provided. If it is not a medical emergency, medical will assess you on a first come, first serve basis determined by the charge nurse.Signature of Unit Manager: Janet Payne, UM Date: 19 Dec 2008Resolved: _____ (If so, initial and give copy to Unit Manager) Appealed to Warden/Administrator: T.G. (Initial)

If no response at initial level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames as set forth in Policy Directive 335.00.

Inmate's Signature: Troy GoodmanDate: 12-23-08

Action by Warden/Administrator: _____ Remand to Unit for further action

☒ Affirm unit and deny grievance

_____ Grant the Grievance as specified

_____ Reject for failure to follow grievance procedure

_____ Deny for reasons other than specified at unit level

Comments:

Received Warden's answer in mail 1-13-09 = Tuesday;

Warden/Administrator's Signature

Date

(Warden/Administrator may attach additional sheets, if necessary.)

Resolved: _____ (If so, initial and give copy to Unit Manager) Appealed to Commissioner: T.G. (Initial)

If no response at Warden/Administrator's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00

Inmate's Signature: _____

Date: _____

Action by Commissioner: _____ Remand to Warden/Administrator/Unit for Further Action

☒ Affirm Warden/Administrator and Deny Grievance

_____ Grant the Grievance, as specified

_____ Reject for failure to follow procedure

_____ Deny for reasons other than specified at unit level

Signature of Commissioner/Designee

Date of Action

(Commissioner's response may include additional sheets, if necessary.)

Pursuant to this policy, the Warden/Administrator may set forth procedures to allow for the Unit Manager to designate staff to respond.

In *Estelle V. Gamble*, 429 U.S. 97, 97 S.Ct. 285, 50 L.Ed. 2d 251 (1976). The Supreme Court noted that the government has an obligation to provide medical care for those it is punishing by incarceration; that denial of medical care causes pain; and suffering inconsistent with contemporary standards of (decency), and then concluded that deliberate indifference to serious medical needs of prisoners constitutes a violation of the Eighth Amendment.

I received a Pneumococcal Vaccine on 12-9-08. The nurse gave me two pages of information to look for reactions from the shot. some are hives, difficulty breathing, shock. On the night of 12-11-08, I had reactions such as redness, and swelling, or disfiguring of the arm by swelling, a little small problem in breathing. I had hives working on me.

The information in the two pages the nurse gave me states if one has these types of reactions to call a doctor, or get the person to a doctor right away; I ask for medical assistance, and was threaten with a write up, If I did not have these reactions - I told the night worker, or the CO to tell the nurse to write me up, I don't care. It made me mad, and I told the CO forget about it I'll act as if it didn't happen.

As stated in *Estelle V. Gamble*, I feel serious reactions from the shot, is a serious medical need, or the two pages of formation would not state if these reactions occure get ahold of a doctor right away.

Respond to answer of G-1, see next page.

*Responses to the initial (unit)
response are not permitted nor are*

I had an medical emergency, and requested assistance, and was denied; If this was the first time, I've been denied, I'd --- look the other way, or I'd let it go, but it's not; Between the --- years of 1998, and 2003, I was also denied; My right testicle was swollen out of shape, and the night nurse, told the CO to tell me stop playing with my-self and I'd not have the problem. I was --- hospitalized for a week, or so. At this time I also was in alot --- of pain, and I said to my-self If, I'm denied again, I'll let the Court's deal with it. So that's what I'm going to do, unless it --- can be worked out, without envolving the courts. It's not fair, --- or is it human to let a person lay and suffer without giving them some type of help.

Warden, after taken the Vaccine, number (7) in the informa-
tion concerning the vaccine, it states, What if there is a seri-
ous reaction, What should I look for? It reads, Severe allergic -
reaction (hives, difficulty breathing, shock). What should I do?
Call a doctor, or get the person to a doctor right away. Tell ---
Your doctor what happened, the date and time it happen, and when
the vaccination was given. Ask Your doctor, nurse, or health dep-
artment to report the reaction by filing a vaccine Adverse Event
Report System (VAERS) form. I tried to see the doctor, or nurse -
but was denied. I had hives working on me, and a small problem in
breathing, and swelling of the arm. Sir, they should have been a
form filed with the Reporting system (VAERS), but wasn't.

given 12-9-08
↓

PNEUMOCOCCAL POLYSACCHARIDE VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

2 Pneumococcal polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

3 Who should get PPV?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma, leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS
 - damaged spleen, or no spleen
 - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - certain cancer drugs
 - radiation therapy
- Alaskan Natives and certain Native American populations.

4 How many doses of PPV are needed?

Usually one dose of PPV is all that is needed.

However, under some circumstances a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
 - have a damaged spleen or no spleen
 - have sickle-cell disease
 - have HIV infection or AIDS
 - have cancer, leukemia, lymphoma, multiple myeloma
 - have kidney failure
 - have nephrotic syndrome
 - have had an organ or bone marrow transplant
 - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

5 Other facts about getting the vaccine

- Otherwise healthy children who often get ear infections, sinus infections, or other upper respiratory diseases do not need to get PPV because of these conditions.
- PPV may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.
- **Pregnancy:** The safety of PPV for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

6 What are the risks from PPV?

PPV is a very safe vaccine.

About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

7 What if there is a serious reaction?

What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock).

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8 How can I learn more?

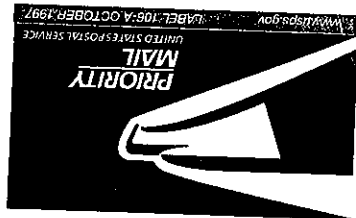
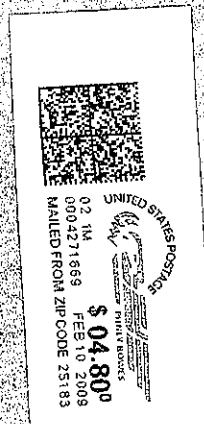
- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit the National Immunization Program website at www.cdc.gov/nip



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

Jerry Goodman #22727
M.O.C.C., Box 5
#1 Mt. Side Way
Mt. Olive, W.Va. 25185

CORRESPONDENCE FROM INMATE
AT MOUNT OLIVE CORRECTIONAL COMPLEX



Southern District of West Virginia
P.O. Drawer 3009
Beckley, West Virginia
25801

FEB 10 2009